

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO

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RICHARD W. NAGEL, CLERK OF COURT  
COLUMBUS, OHIO

David J. Ball

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # 765232

vs.

State of Ohio

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

2 20 CV 1759

Judge Smith

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

Ohio Department of Rehabilitation and Correction

MAGISTRATE JUDGE DEEVERS

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

David J. Ball 765232

NAME - FULL NAME PLEASE - PRINT

P.O. Box 1812

ADDRESS: STREET, CITY, STATE AND ZIP CODE

Marion, Ohio 43301

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS  
REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES ( ) NO ☒
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

N/A

DEFENDANTS:

N/A

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY)

N/A

3. DOCKET NUMBER

N/A

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

N/A

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

N/A

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

N/A

7. APPROXIMATE DATE OF THE DISPOSITION

N/A

PLACE OF PRESENT CONFINEMENT

North Central Correctional Complex

A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?

YES ☒ NO ☐

B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES ☐ NO ☒

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. WHAT WAS THE RESULT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

was told there doing what is  
told to them by Ohio Department  
of Health

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES ☒ NO ☐

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

I talked to staff and  
the warden.

2. WHAT WAS THE RESULT?

was told there doing what is  
told to them by the Ohio  
Department of Health

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. State of Ohio  
NAMES - FULL NAME PLEASE  
77 South High Street Columbus, Ohio 43215  
ADDRESS - STREET, CITY, STATE AND ZIP CODE
2. Ohio Department of Rehabilitation and Correction  
4545 Fisher Rd. Columbus, Ohio 43228
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS, PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

I'M in Prison at North Central Correctional Complex and I'M in harm way of the Covid-19 (Coronavirus) and I work in the Food Service here. Here at NCCC There are about 2,000 Plus inmates here and we are not able to be 6 Ft. apart in are DORM do to having about 250 inmates in one Building and the Staff that work Here are not Being tested for the Covid-19 Days of which there to work. I was a Sentence of 10 Years and with the over Packed Dorms and NCCC Not following the 6 Ft rule to help Stop the Covid-19 (Coronavirus) and Not testing any Staff gives Me a Death Sentence Because I'M Not able to protect My self From the Covid-19 and I have Health Problems, There are People getting Sick and No one Being tested for the Covid-19

**RELIEF**

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I would like the court to order the State to test all staff before able to work, and I would like the Court to grant me the relief in the amount of \$250,000.00 For Putting my life at risk

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

  
SIGNATURE OF PLAINTIFF